# GREENE COUNTY EMPLOYMENT APPLICATION

An Equal Opportunity/Affirmative Action Employer

Applications may be completed on line at <a href="http://www.greenecountync.gov">http://www.greenecountync.gov</a> and sent to 229 Kingold Boulevard, Snow Hill, NC 28580.

Fill out all sections **COMPLETELY** and to the best of your ability. Your application will be used as part of the examination process and, therefore, should represent your best effort. **Unsigned, or incomplete applications will not be considered**. Once submitted, application materials become the property of the County. An application must be received in County Administration by 5 pm on the closing date posted to ensure consideration. Photocopied applications must have an original signature and current date. If a position is posted as "may close without notice," **APPLY IMMEDIATELY**.

<b>CURRENT IN</b>	<b>FORMATION</b>			
(1) POSITION TITLE_			DATE:	
(2) When will you be a	vailable for employment?	(i.e. immediately, 2 weeks notice)		
(3) Are you seeking	[ ] Full-time regular	[ ] Part-time regular [ ] Temp./p	refer regular [ ] Te	mporary Only
(4) NAME:		,		
(	(Last)	(First)	(Middle)	
(5) ADDRESS:	Street & No. or P.O. Box	City	State	 Zip
(6) HOME TEL # (	)	BUS. TELEPHONE # (	)	
E-MAIL ADDRESS		(if a	applicable)	
(7) Are you 18 or older	:2 [ ] V⊝e [ ] No If NO w	hat is your birth date?	,	
(7) The you to or older	: [ ] 100 [ ] 110 II 110; N	mat is your birtir date:		
<b>GENERAL IN</b>	FORMATION			
		er EXPLANATIONS near the end of this	application.	
(8) Apart from absence	es for religious observance	es, check conditions that you are will	ing to accept.	
Occasional: Regular: Frequent	[] night work [] week	end work [ ] overtime [ ] rotating s end work [ ] overtime [ ] rotating s end work [ ] overtime [ ] rotating s	hifts [ ] "on-call" hifts [ ] "on-call" hifts [ ] "on-call"	
(9) Have you ever bee	n employed with the Gree	ne County? [ ] Yes [ ] No		
If YES, what d	epartment and when:			
(10) Have you applied	to the Greene County bef	ore? []Yes []No		
If YES, indicat	e what position and when:			
(11) Are you willing to	accept a salary within the	advertised normal starting salary rar	ige? []Yes	[ ] No
		in any way to a County employee?	[ ]Yes	[ ] No
(13) Are you able to pe	erform all of the duties of the	ne job you have applied for?	[ ]Yes	[ ] No
(14) Are you an Ameri	can citizen or do you curre	ntly have authorization to work in the	e U.S.? [ ] Yes	[ ] No
	ny of your education or emperson on emperson and explain under EXPLANAT	ployment experience under another FIONS.	name? [ ] Yes	[ ] No

#### **EDUCATION**

### Provide your complete history

19) Have	e of High	School		Ci	ty			State	
,	e you rece	ived a high school diploma	a or equivalen	t? [	Yes [	] No			
Education Beyond High Sci		Name and Location		ended rom Mo. Y		id You aduate?	Credit Hours	Degree, Diploma, Certificate Earned or # of Yrs.	Majo Mino
College( Universit						Yes No			
Graduat Professi Schools	onal					Yes No			
Technic Institute Internsh						Yes No			
					ou feel a	are appir	cable to th	ne position for which y	ou are
ecretaria		kills with equipment or ma position, indicate typing sp	chines you ca	n operat process	e. If you ing softv	wish co	nsideratio		ou are
ecretaria			chines you ca eed and word	n operat process (e	e. If you ing softv	wish con ware pac	nsideratio	n for a	ou are
ecretaria a) b)	al/clerical ¡	position, indicate typing sp	chines you ca	n operat process (e	e. If you ing softv	wish con ware pac	nsideratio kages kno	n for a own and/or used.	
ecretaria a) b) c)	al/clerical p	position, indicate typing sp	chines you ca eed and word	n operation process (e(f)(g)	e. If you ing softv	wish cor	nsideratio kages kno	n for a own and/or used.	
ecretaria a) b) c)	al/clerical p	position, indicate typing sp	chines you ca eed and word	n operation process (e(f)(g)	e. If you ing softv	wish cor	nsideratio kages kno	n for a own and/or used.	
ecretaria a) b) c) d)	al/clerical p	position, indicate typing sp	chines you ca	n operation oper	e. If you ing softv	wish con ware pac	nsideratio kages kno	n for a own and/or used.	
b)d)	STRA	position, indicate typing sp	chines you ca eed and word	in operation ope	e. If you ing softw	wish conware pac	nsideratio kages kno	n for a own and/or used.	
ecretaria a) b) c) d) REGI 24) L	STRA	TIONS, LICENS	eed and word  ES, CER	in operation ope	e. If you ing softwood	wish conware pac	nsideratio	n for a own and/or used.	
ecretaria a) b) c) d) 24) L	STRA  ist fields con Registratio	TIONS, LICENS  of work for which you have	ES, CER been registerState:	in operation ope	EATIC Sed or co	wish convare pac	nsideratio	n for a pwn and/or used.  Exp. Date:  Exp. Date:	

## **EMPLOYMENT**

Record your complete work history in the spaces below. If needed, additional sheets containing the same information and in the same format are acceptable. BEGIN with your current or most recent position. Include military and related volunteer experience. Be sure to account for gaps in your employment history. ALL SPACES MUST BE COMPLETED OR MARKED N/A (not applicable). "See attached resume" is NOT acceptable in the duties space.

JOB TITLE	Starting Salary	Last Salary
Date employed	Date Separated	
Employer or company	Tel	lephone # ()
Employer or company address		
	pervisor	
Full-time for: Yrs Mos Pa	art-time for: Yrs Mos# of employees supe	rvised by you
If you worked part-time, the number	er of hours worked per week	
DUTIES IN ORDER OF IMPOR	RTANCE	
REASON FOR LEAVING or desiring	ng a change	
B. NEXT MOST RECENT EMF	PLOYMENT (or explain gap in employment	<b>:</b> )
JOB TITLE	Starting Salary	Last Salary
	Date Separated	
Employer or company	Telephone #	# ()
Employer or company address		
Name and Title of most current sup	pervisor	
Full-time for: Yrs Mos Pa	art-time for: Yrs Mos# of employees supe	rvised by you
If you worked part-time, the number	er of hours worked per week	
DUTIES IN ORDER OF IMPOR	RTANCE	
REASON FOR LEAVING		
	PLOYMENT (or explain gap in employment	
	Starting Salary	•
	Date Separated	
Employer or company		lephone # ( )

Employer or company address	
Name and Title of most current supervisor	
Full-time for: Yrs Mos Part-time for: Yrs	Mos# of employees supervised by you
If you worked part-time, the number of hours worked	per week
DUTIES IN ORDER OF IMPORTANCE	
REASON FOR LEAVING	
D. NEXT MOST RECENT EMPLOYMENT (or e	explain gap in employment)
JOB TITLE	Starting SalaryLast Salary
Date employed Date S	eparated
Employer or company	Telephone # ()
Employer or company address	
Name and Title of most current supervisor	
Full-time for: Yrs Mos Part-time for: Yrs	Mos# of employees supervised by you
If you worked part-time, the number of hours worked	per week
DUTIES IN ORDER OF IMPORTANCE	
REASON FOR LEAVING	
E. NEXT MOST RECENT EMPLOYMENT (or e	xplain gap in employment)
JOB TITLE	Starting SalaryLast Salary
Date employed Date S	eparated
Employer or company	Telephone # ()
Employer or company address	
Name and Title of most current supervisor	
Full-time for: Yrs Mos Part-time for: Yrs	Mos# of employees supervised by you
If you worked part-time, the number of hours worked	per week

DUTIESTI	N ORDER OF IMPORTANCE	
		_
		_
REASON F	OR LEAVING	_
	MOST RECENT EMPLOYMENT (or explain gap in employment)	
	EStarting SalaryLast Salary	
	oyed Date Separated	
	r companyTelephone # ()	
Employer o	r company address	
Name and	Title of most current supervisor	
Full-time fo	r: Yrs Mos Part-time for: Yrs Mos# of employees supervised by you	
If you work	ed part-time, the number of hours worked per week	
DUTIES II	N ORDER OF IMPORTANCE	
		_
		_
REASON F	OR LEAVING	
	you had disciplinary action taken against you in the past 12 months?? [ ] Yes [ ] No YES, explain under EXPLANATIONS. (A YES will not automatically disqualify you.)	
(28) a.) Ha b. If	ave you ever been dismissed or forced to resign from any job held? [ ] Yes [ ] No ) Were you dismissed or forced to resign for disciplinary reasons? [ ] Yes [ ] No YES to "a" or "b", explain under EXPLANATIONS. (A YES will not automatically disqualify you.)	
	we contact your present employer for reference prior to an interview (if granted)? [ ] Yes [ ] No you are not currently employed, please check here N/A (). If NO, explain under EXPLANATIONS.	
EXPLA	NATIONS	
ITEM#_		
ITEM#_	<del></del>	
ITEM #	<del></del>	

#### **Certification and Release (MUST BE SIGNED AND DATED BELOW)**

- To the best of my knowledge and belief, the information given truly represents my background and experience. I understand that if I have knowingly or negligently misrepresented, falsified or omitted any information during the application process, or have made any changes to the format or wording of this application form, I may be disqualified for employment consideration or dismissed from employment with the County.
- I authorize my current and former employers to give any information regarding me or my employment, whether or not it is on their records. I hereby release them from any damage whatsoever for issuing same.
- I also authorize educational institutions which I attended to reveal my scholastic ratings, as well as degrees or certificates earned, to the Greene
  County; and associations, registration and licensing boards and to others to furnish whatever detail is available concerning my qualifications.
   Notwithstanding any provision of State or Federal law, I expressly waive any right I have to review information the County receives from an employer
  or educational institution under a promise of confidentiality.

- I also permit the Greene County to conduct a Police, Court, Credit and/or Motor Vehicle Records Investigation of my background where related to the job for which I am applying.
- I understand that if I apply or have applied for certain jobs, I may be tested for drug and alcohol use to determine if I am currently using or abusing these substances. I consent to the testing and understand that the results could preclude my appointment.
   I understand and acknowledge that should I be employed by the Greene County, then I serve "at will". This means that I may be terminated at any
- I understand and acknowledge that should I be employed by the Greene County, then I serve "at will". This means that I may be terminated at any time. I further understand that this "at will" employment relationship may not be changed by any written document unless such change is specifically approved by the County Manager

SIGNATURE	DATE

## SUPPLEMENT TO GREENE COUNTY EMPLOYMENT APPLICATION

The Greene County is an Equal Opportunity Employer. Please complete this form in order for us to comply with the reporting requirements of the Equal Employment Opportunity Commission. This form will be separated from your employment application. Other than the information you provide in Section I, the information on this form will not be used in any way in our selection process or for any personnel action following employment. It will be maintained in personnel files which must be kept confidential under State law. Public disclosure of this information without your consent would be a violation of state general statutes.

I. POSIT	ION APPLIED FOR:		
NAME:_			
	Last	First	Middle
DATE OF	APPLICATION:		
II. SEX:	(Please circle)	Male	Female
White - 0 Black - 0 Hispanio Asian or	Origins in any of the or Origins in any of the Bla - Mexican, Puerto Rio Pacific Islander - Ori	this portion of this form of this form of this peoples of Europe ack racial groups of African, Cuban, Central, or Sigins in the Far East, Sou	will have no impact on consideration of your application. ) North Africa, or the Middle East. a. (Not Hispanic) South American or other Spanish Culture or origin regardless of race. atheast Asia, the Indian Subcontinent or the Pacific Islands. the original peoples of North America.
HOW DIE	Newspaper (specify) Employment Security Job Line Employment Interest Came to Municipal B Employment Opportu	i: r Commission Card uilding inity List ( <b>where posted</b>	elow by placing a check beside the source)  ::
DRUG S	CREENING		
		h risk or safety sensit time in the employme	ive positions (HRSS) must pass a drug screening process. Further information will be nt process.
OVERT	ME COMPENSATI	ON AGREEMENT	
			of the Fair Labor Standards Act (FLSA), we generally allow the employee to take time pay is subject to supervisory approval and may be affected by budgetary constraints.
SELECT	TIVE SERVICE REC	SISTRATION	
If male a	and age 18 to 26, ha	ave you registered for	Selective Service?
(Please	circle)	Yes	No
If not, yo	ou will have 30 days	to comply if selected	for a position as required by Federal law.
CERTIF	ICATION (THIS FO	RM MUST BE SIGNE	<u> </u>
	that I have read and ully to the best of m		mation contained on this form, complied with the instructions provided, and have done
Name			Date